



CITY OF COLUMBUS

DEPARTMENT OF BUILDING AND ZONING SERVICES

One Stop Shop Zoning Report Date: Wed Oct 21 2015

General Zoning Inquiries: 614-645-8637

SITE INFORMATION

Address: 5150 E DUBLIN-GRANVILLE RD COLUMBUS, OH

Mailing Address: 605 S FRONT ST STE 200

COLUMBUS OH 43215-5777

Owner: 161 HAMILTON LLC

Parcel Number: 010245194

ZONING INFORMATION

Zoning: Z98-029A, Commercial, LC4

effective 8/24/2005, Height District H-110

Board of Zoning Adjustment (BZA): N/A

Commercial Overlay: N/A

Graphic Commission: N/A

Area Commission: N/A

Planning Overlay: N/A

Historic District: N/A

Historic Site: No

Council Variance: N/A

Flood Zone: OUT

Airport Overlay Environs: N/A

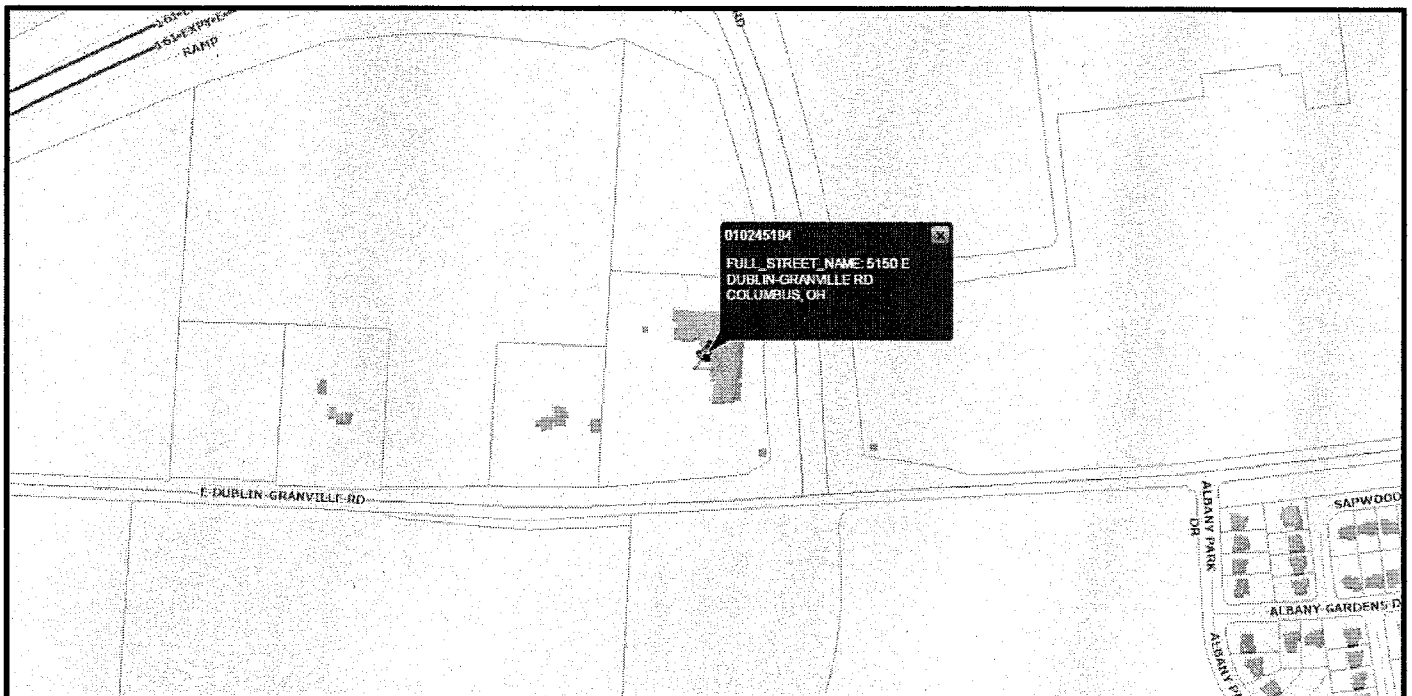
PENDING ZONING ACTION

Zoning: N/A

Board of Zoning Adjustment (BZA): N/A

Council Variance: N/A

Graphic Commission: N/A



5150 EAST DUBLIN-GRANVILLE ROAD
Graphics Commission Application

DEPARTMENT OF BUILDING
AND ZONING SERVICES

757 Carolyn Avenue, Columbus, Ohio 43224
Phone: 614-645-7433 • www.bzs.columbus.gov

OFFICE USE ONLY

Application Number: GC15-039 Date Received: 19 Oct. 2015
Application Accepted by: [Signature] Fee: \$1900-
Commission/Civic: NORTHLAND
Existing Zoning: _____
Comments: _____

TYPE(S) OF ACTION REQUESTED (Check all that apply):

☒ Variance ☐ Graphics Plan ☐ Special Permit ☐ Miscellaneous Graphic

Indicate what the proposal is and list applicable code sections. State what it is you are requesting.

A variance to C.C. 3377.20(A) and (B) to allow wall sign on wall that does not enclose identified use, and above second floor that does not identify entire building use.

LOCATION

Certified Address: 5150 East Dublin-Granville Road City: Columbus, OH Zip: 43081

Parcel Number (only one required): 010-245194

APPLICANT

Applicant Name: HealthSCOPE Phone Number: 501-218-7514 Ext.: _____

Address: 27 Corporate Hill Drive City/State: Little Rock, AR Zip: 72205

Email Address: brett.edwards@healthscopebenefits.com Fax Number: 501-225-9150

PROPERTY OWNER(S) ☐ Check here if listing additional property owners on a separate page

Name: 161 Hamilton LLC Phone Number: _____ Ext.: _____

Address: 2027 North Street City/State: Granville, OH Zip: 43023

Email Address: _____ Fax Number: _____

ATTORNEY / AGENT (Check one): ☒ Attorney ☐ Agent

Name: David Hodge / Smith & Hale LLC Phone Number: 221-4255 Ext.: _____

Address: 37 West Broad Street, Suite 460 City/State: Columbus, OH Zip: 43215

Email Address: dhodge@smithandhale.com Fax Number: 221-4409

SIGNATURES (All signatures must be provided and signed in blue ink)

APPLICANT SIGNATURE HealthSCOPE By: [Signature]

PROPERTY OWNER SIGNATURE 161 Hamilton LLC By: [Signature]

ATTORNEY / AGENT SIGNATURE [Signature]

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.
Applications must be submitted by appointment. Call 614-645-4522 to schedule.
Please make checks payable to the Columbus City Treasurer

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GC15-039

AFFIDAVIT

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (1) NAME David Hodge

of (1) MAILING ADDRESS 37 West Broad Street, Suite 460, Columbus, OH 43215

deposes and states that (he/she) is the applicant, agent, or duly authorized attorney for same and the following is a list of the name(s) and mailing address(es) of all the owners of record of the property located at

(2) per CERTIFIED ADDRESS FOR PROPERTY 5150 East Dublin-Granville Road

for which application for a rezoning, variance, special permit or graphics plan was filed with the Department of Building and Zoning Services, on (3) _____

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNERS NAME
AND MAILING ADDRESS

(4) 161 Hamilton LLC
2027 North Street
Granville, OH 43023

APPLICANT'S NAME AND PHONE #
(same as listed on front application)

HealthSCOPE
501-218-7514

AREA COMMISSION OR CIVIC GROUP
AREA COMMISSION ZONING CHAIR
OR CONTACT PERSON AND ADDRESS

(5) Northland Community Council
c/o Dave Paul
P.O. Box 297836
Columbus, OH 43229

and that the following is a list of the **names** and **complete mailing addresses**, including **zip codes**, as shown on the **County Auditor's Current Tax List or the County Treasurer's Mailing List**, of all the **owners of record of property within 125 feet** of the exterior boundaries of the property for which the application was filed, **and** all of the owners of any property within 125 feet of the applicant's or owner's property in the event the applicant or the property owner owns the property contiguous to the subject property:

(6) PROPERTY OWNER NAME

(6a) PROPERTY ADDRESS

(6b) PROPERTY OWNER MAILING ADDRESS

Please see attachment

☐ (7) Check here if listing additional property owners on a separate page.

(8) SIGNATURE OF AFFIANT

Sworn to before me and signed in my presence this

19th

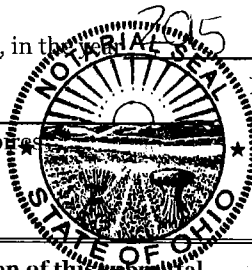
day of

October

in the

(8) SIGNATURE OF NOTARY PUBLIC

My Commission Expires



Notary Seal Here
Natalie C. Timmons
Notary Public, State of Ohio
My Commission Expires 09-04-2020

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STATEMENT OF HARDSHIP

APPLICATION #

Any request for a Variance from this Graphics Code shall be heard and decided by the Graphics Commission as provided by the Graphics Code.

3382.05 Variance

- A.** The Graphics Commission shall have the power, upon application, to grant a Variance from one (1) or more provisions of this Graphics Code. No Variance shall be granted unless the Commission finds that a hardship exists, based upon special physical conditions which:
1. Are due to exceptional shallowness, shape, topographic conditions or other extraordinary situations peculiar to the premises itself; or
 2. Differentiate the premises from other premises in the same zoning district and the general vicinity; or
 3. Prevent a reasonable return in service, use of income compared to other conforming premises in the same district; and
 4. Where the result of granting the Variance will not be injurious to neighboring properties and will not be contrary to the public interest or to the intent and purpose of the Graphics Code.
- B.** In granting a Variance, the Graphics Commission may impose such requirements and conditions regarding the location, character, and other features of the *graphics* as the Commission deems necessary to carry out the intent and purpose of this Graphics Code and to otherwise safeguard public safety and welfare.
- C.** Nothing in this Graphics Code shall be construed as authorizing the Commission to affect changes in the Zoning Map or to add to the uses permitted in any district.

I have read Section 3382.05, Variance, and believe my application for relief from the requirements of the Graphics Code satisfies the four criteria for a variance in the following ways:

Please see attached statement of hardship.

Signature of Applicant _____ **Date** _____

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5150 EAST DUBLIN-GRANVILLE ROAD**Statement of Hardship****5150 East Dublin-Granville Road**

This property is located at the northwest corner of East Dublin Granville Road and Hamilton Road and is zoned in the L-C-4 zoning district. The property is developed with an office building that has faced some challenges with occupancy. An existing tenant, HealthSCOPE, is expanding its tenancy within the building and needs to identify this building as its Columbus market location. There is currently no signage on either the south or east facades of this building, which are the facades that have significant road frontage, the south being along East Dublin Granville Road, and the east being along Hamilton Road at the SR 161 ramp.

The applicant requests the following variances:

Section 3377.20(A) to allow its signage on a wall that does not enclose its use.

Section 3377.20(B) to allow its signage above the second floor of the building, which sign does not identify the entire use of the building.

The signage requested by this applicant is appropriate and consistent with other freeway oriented office signage in the region. Though the building does have signage on its north façade, it does not have any signage visible from either East Dublin Granville or Hamilton Roads. If these variances are granted, the requested signage will not be injurious to neighboring properties and will not be contrary to the public interest or to the intent and purpose of the Graphics Code.

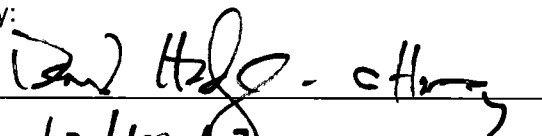
The applicant respectfully requests that these variances be granted to allow appropriate identification of the HealthSCOPE use within this office building.

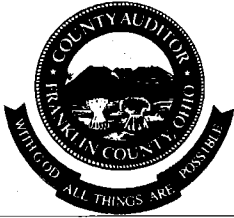
HealthSCOPE

By:

Signature of Applicant:

Date:


10/19/2015



CLARENCE E MINGO II

FRANKLIN COUNTY AUDITOR

MAP ID: S

DATE: 10/13/15



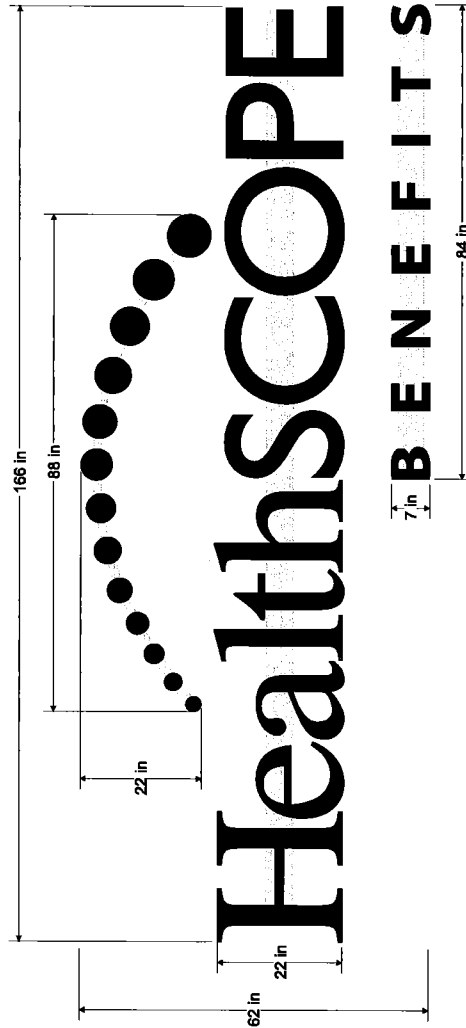
Disclaimer

Scale = 200



This map is prepared for the real property inventory within this county. It is compiled from recorded deeds, survey plats, and other public records and data. Users of this map are notified that the public primary information sources should be consulted for verification of the information contained on this map. The county and the mapping companies assume no legal responsibilities for the information contained on this map. Please notify the Franklin County GIS Division of any discrepancies.

Real Estate / GIS Department



STANDARD CHANNEL LETTER WALL SIGN
 RACEWAY MOUNTING.
 WHITE FACES WITH TRANSLUCENT VINYL COLOR.
 BLACK CANS AND TRIM.
 RACEWAY PAINTED TO MATCH BLD ACAP.

- 3630-337 PROCESS BLUE
- 3630-106 BRILLIANT GREEN
- PMS WARM GRAY 3C

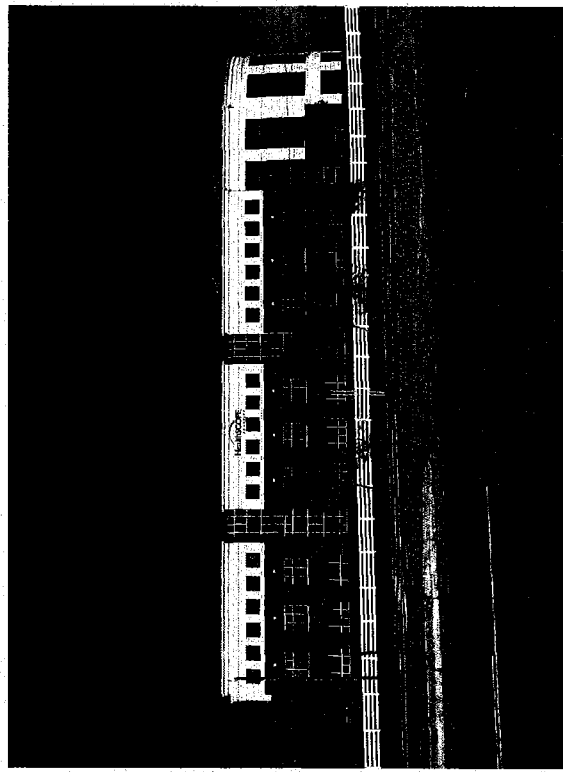
MOORE

SIGNS

Westerville, Ohio 614.882.1110 www.mooreesigns.biz

GC APPLICATION ART

HLTHSCP CNCPT
 10.15.15 MOE



EAST ELEVATION

5150 EAST DUBLIN-GRANVILLE ROAD
Graphics Commission Application

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Phone: 614-645-7433 • www.bzs.columbus.gov

GC15-039

PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

APPLICATION # _____

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) David Hodge
of (COMPLETE ADDRESS) 37 West Broad Street, Suite 460, Columbus, OH 43215

deposes and states that (he/she) is the APPLICANT, AGENT, OR DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application and their mailing addresses:

NAME

HealthSCOPE

COMPLETE MAILING ADDRESS

27 Corporate Hill Drive

Little Rock, AR 72205

161 Hamilton LLC

2027 North Street

Granville, OH 43023

SIGNATURE OF AFFIANT

David Hodge

Sworn to before me and signed in my presence this

19th

day of

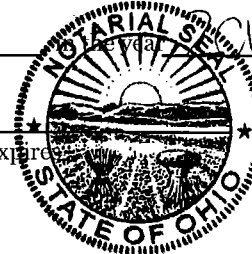
October

SIGNATURE OF NOTARY PUBLIC

Natalie C. Timmons

My Commission Expires

9/4/2020



Notary Seal Handed
Natalie C. Timmons
Notary Public, State of Ohio
My Commission Expires 09-04-2020

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